WORKSAFE
TRAVAIL SÉCURITAIRE NB

REPORT OF INCIDENTS – PRELIMINARY INFORMATION

Occupational Health and Safety Act, section 43

Provide the following information IMMEDIATELY by calling 1 800 222-9775.

SECTION A: Employer information	
Company name:	Name of person reporting:
Address:	Telephone:
Contact person:	Workplace name/address:
Telephone:	

SECTION B: Incident being reported		
Loss of consciousness	Exposure	Details:
Amputation	Biological	
Fracture (other than fingers or toes)	Chemical	
Burn requiring medical attention	Physical	
Loss of vision in eye(s)	Explosion	
Deep laceration requiring medical attention	Catastrophic event	
Admission to hospital by a physician	Catastrophic equipment failure	
Death		

SECTION C: Description of incident	
Date/time of incident:	Operation/location:
Location (nearest city/town):	
Preliminary incident details:	

SECTION D: For incidents/events with injuries		
Name of injured:		Injured taken to hospital? Yes No
Occupation:		Name of hospital:
Approximate age:	Telephone:	
Nature of injuries:		

SECTION E: For exposures – record of sampling				
Performed by:				
Agent	Location	Time	Results	Comments